

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 APR 18 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000031080

1. Corporation Name

Al Insurance Services of Melbourne,
Inc.

2. Principal Office Address

1260 Harbor City Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

4680 Lipscomb St., NE

Suite, Apt. #, etc.

5-B

City & State

Melbourne, FL

City & State

Palm Bay, FL

Zip

32935

Country

Brevard

Zip

32905

Country

Brevard

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/1/99

5. FEI Number

59-3267979

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

Albert S. Lagano, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1803 Airport Blvd. 551 South Apollo Blvd.

Suite, Apt. #, Etc.

Suite 103

City

Melbourne

State
FL

Zip Code

32901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date April , 2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Jeanette V. Small	1608 CLOVER CIRCLE	MELBOURNE, FL 32934
		MELB	
			100005396281-6
			-05/01/02--01009--009
			***1858.75 ***1858.75
			JV 26

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jeanette V. Small

April , 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)